

CLAIMS

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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49							98						
50							99						
TOTAL IND.							100						
TOTAL DER.							TOTAL IND.						
TOTAL CLAIMS							TOTAL DER.						
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BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS